SOCIOLOGICAL STUDY ON HEALTH PROGRAMMES: AN ANALYSIS OF WOMEN BENEFICIARIES OF JANANI SURAKSHA YOJNA IN DISTRICT HAMIRPUR HIMACHAL PRADESH

SYNOPSIS

Submitted in partial fulfilment of the

requirements for the award of the degree of

DOCTOR OF PHILOSOPHY

in

SOCIOLOGY

Submitted by

Amardeep Sharma

Enrollment No.: H220853

Under the supervision of

Dr. Rishu Kumari

Assistant Professor

DIVISION OF LANGUAGE, JOURNALISM AND SOCIAL SCIENCES

SCHOOL OF MANAGEMENT AND LIBERAL ARTS

CAREER POINT UNIVERSITY HAMIRPUR

TIKKER (KHARWARIAN), BHORANJ

HAMIRPUR (HP)176041, INDIA

2022-23

Introduction

Health programs are essential to the operation of the modern healthcare system. These programs seek to protect people from illness and enhance both individual and collective health. The sociological study of health initiatives is a significant area of study that looks at the social factors that influence the effectiveness of these programs (Amzat and Razum 2–3). The sociological study of health programs, a rapidly growing field of study, examines the social, cultural, and economic factors that influence the implementation and effectiveness of health programs. Sociological research has revealed that health is a complicated and multifaceted concept that is influenced by a wide range of social and environmental circumstances rather than simply being free from disease or infirmity (Short and Mollborn 78).

Today, women's health has become a significant platform for all to get on to. In addition to doctors, the pharmaceutical industry, social organizations, women's groups, philanthropists, and government bodies have decided to contribute time, effort, and money to this worthy cause. There have been several slogans promoting healthcare for women, such as "Women's Health – Nation's Wealth" and "Healthy Mother – Healthy Family." Many more such motivational messages have encouraged health professionals, especially obstetricians and gynecologists, to participate in these programs. No doubt it has had an impact on our society, and women's health has been improving steadily over the years.

But to understand how and when this issue of women's health started being understood as a problem and soon became a challenge, we must go back to the nineteenth century. That is why we call this ―A story of the world of yesterday‖. In the late nineteenth century, the health of women of India was in a sorry state. Life span was only 32 years, as there was a high maternal and neonatal mortality. Diseases like anemia, tuberculosis, and malnutrition were rampant. Social customs were such that women were not able to demand any healthcare. However, many enlightened people and social activists were deeply concerned.

Mahatma Gandhi wrote to Raj Kumari Amrit Kaur on October 21st, 1936, to motivate, stating that if women realize their dignity and potential to its fullest and use it for the benefit of humanity, they can make this world the best place to live in. A decade later, in 1947, after independence, the 1st Health Minister was Raj Kumari Amrit Kaur. She started attending to the problems of women's health. India was one of the earliest

nations to start ―family planning as a national program in 1952. It gave a boost to the improvement of women's health. With the establishment of FOGSI in the year 1950, there was a national organization of professionals devoted to the cause of women's health. By then, society had changed and become more modernized. The need for Zenana Hospitals was no longer felt. Men and women doctors joined the organizations on equal footing. In recent times, the ratio of female doctors is increasing. In fact, over the last 5 years, India has produced 4500 more female medical graduates than male ones. There is no paucity of women doctors caring for women. An important feature of health policies, plans, and programmes in India is that they originated during the national movement against colonial rule. The National Planning Committee of the Indian National Congress was set up in 1938, which also had a subcommittee on national health, which was called the Sokhey Committee. This committee made an incisive appraisal of the health situation and health services of the country and recommended measures for improvement as per the provisions of (NPC 1948). Simultaneously, the British authorities set up a Health Survey and Development Committee, generally known as the Bhore Committee, constituted in 1943, that was also greatly inspired by the aspirations of the national movement, Banerji.

Some of the guiding principles adopted by the Bhore Committee were:

i. No individual should be denied adequate medical care because of inability to pay for it.
ii. The health services should provide, when fully developed, all the consultant laboratories and institutional facilities necessary for proper diagnosis and treatment.
iii. Health programs must, from the beginning, lay special emphasis on preventive work.
iv. Medical relief and preventive health care must be urgently provided as soon as possible to the vast rural population of the country.
v. The health services should be located as close to the people as possible to ensure maximum benefit to the communities served.

Major Health Programs for Women

1. Janani Shishu Suraksha Karyakaram (JSSK)

More than 12 million pregnant women who deliver in government-run hospitals are expected to benefit from the programme. Additionally, it will encourage women who still

decide to have babies at home instead of selecting institutional deliveries. This programme hopes that states would step up and make sure that every pregnant woman in need who enters a government institution receives benefits under the JSSK. The system is now being implemented in all States and UTs.

The National Rural Health Mission's and the Millennium Development Goals 4 and 5's national health objectives, as well as their survival, depend heavily on improving maternal and child health. 2010 saw an estimated 287,000 maternal deaths worldwide, with 210 maternal deaths per 100,000 live births recorded as the global maternal mortality ratio. In 2010, 85 percent of all maternal fatalities occurred in Sub-Saharan Africa (56%) and Southern Asia (29%) regions. At the national level, India was responsible for 19% of all maternal fatalities worldwide. According to the Sample Registration System (2010), 59/1000 live births were lost to mortality among children under the age of five, with the first month and first year of life accounting for 56 and 79 percent of these deaths, respectively (Parsekar et. al. 282).

2. Kasturba Poshan Sahay Yojana (KPSY)

The goal of this study was to evaluate the Kasturba Poshan Sahay Yojana. The particular goals were to evaluate the health services given to Kasturba Poshan Sahay Yojana beneficiaries with the following objectives:

i. To evaluate how KPSY recipients used the funding that was given to them.
ii. To gauge the beneficiaries' awareness of and familiarity with the Kasturba Poshan Sahay Yojana

3. Rashtriya Kishor Swasthya Karyakram (RKSK)

The Rashtriya Kishor Swasthya Karyakram initiative for adolescent health has been introduced by the Ministry of Health and Family Welfare. The initiative calls for improving the health system's ability to develop capacity, monitoring, and evaluation. RKSK also emphasises the need for many constituencies coming together successfully and using their combined power to address the health and development needs of adolescents. Building on one another's efforts will help the many stakeholders who are working on problems relating to adolescent health and development achieve programme goals and enhance adolescent health and development indicators.

The new adolescent health (AH) plan places a special emphasis on the age ranges of 10 to 14 and 15 to 19 with universal coverage, i.e., males and females; urban and rural; in school and out of school; married and unmarried; vulnerable and underserved.

4. Janani Suraksha Yojana (JSY)

A safe motherhood intervention offered by JSY is part of the National Health Mission. Its implementation aims to lower maternal and newborn mortality by encouraging institutional delivery among low-income expectant mothers. The program, introduced by the Honorable Prime Minister on April 12, 2005, is being implemented in all states and Union Territories (UTs), with an emphasis on Low Performing States (LPS).

The JSY program, which is centrally supported, combines monetary aid with antenatal and postnatal care. Accredited Social Health Activists (ASHA) have been recognised by the Yojana as a useful conduit between the state and expectant mothers.

The present study was aimed at evaluating the sociological study on health care programs, an analysis of women beneficiaries of the district Hamirpur (Himachal Pradesh).

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented to reduce maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. The Yojana, launched on 12th April 2005, by the Hon'ble Prime Minister, is being implemented in all states and UTs with special focus on low-performing states.

JSY is a 100 % centrally sponsored scheme, and it integrates cash assistance with delivery and post-delivery care. The success of the scheme would be determined by the increase in institutional delivery among the poor families.

The Yojana has identified ASHA, the accredited social health activist, as an effective link between the Government and the poor pregnant women in 10 low-performing states, namely the 8 EAG states and Assam, and J&K, and the remaining NE States. In other eligible states and UTs, wherever AWW and TBAs or ASHA-like activists have been engaged in this purpose, she can be associated with this Yojana for providing the services.

Under this scheme, all pregnant women, irrespective of age, socioeconomic status, and parity, are eligible for a cash incentive after delivery in a government or accredited private health facility in 18 high-focus states, including Madhya Pradesh, with low institutional deliveries and poor health facilities. The cash incentive is 1,000 rupees (1 US$=Rs. 50) for women from urban areas and 1,400 rupees (~$ 28) for women from rural areas. JSY is being implemented through community-level health workers (called accredited social health activists [ASHAs, which means Hope in Hindi language]), who identify pregnant women and motivate them for antenatal care, institutional deliveries,

and postnatal care. ASHAs receive payments of 200 rupees ($ 4) in urban areas and 600 rupees ($ 12) in rural areas per delivery assisted by them in high-focus states.

The ASHA or other Link Health Worker associated with JSY performs the following roles:

i. Identify the pregnant woman as a beneficiary of the scheme and report or facilitate registration for ANC.
ii. Assist the pregnant woman to obtain necessary certifications, wherever necessary,
iii. Provide and/or help the women in receiving at least three ANC checkups, including TT injections, IFA tablets.
iv. Identify a functional Government health center or an accredited private health institution for referral and delivery.
v. Counsel for institutional delivery.
vi. Escort the beneficiary women to the pre-determined health center and stay with her till the woman is discharged.
vii. Arrange to immunize the newborn till the age of 14 weeks.
viii. Inform about the birth or death of the child or mother to the ANM/MO.
ix. Postnatal visit within 7 days of delivery to track mother's health after delivery and facilitate obtaining care, wherever necessary.
x. Counsel for initiation of breastfeeding to the newborn within one hour of delivery and its continuance till 3-6 months, and promote family planning.

India accounted for 19% of the globally estimated 287,000 maternal deaths in 2010 (Anand 59). The maternal mortality ratio of India has declined from 212/100,000 live births in 2007–2009 to 178/100,000 live births in 2010–2012 as per the data provided by the Maternal Mortality Bulletin, Government of India. Most of the neonatal deaths in developing countries occur at home, unattended by skilled health professionals (Lawn et al. 400). The Janani Suraksha Yojana (JSY) scheme was launched in Himachal Pradesh 7 years back to reduce maternal and neonatal mortality in the state by promoting institutional deliveries.

- **Important Features of JSY**

The scheme focuses on the poor pregnant woman with special dispensation for states having low institutional delivery rates, namely the states of Uttar Pradesh, Uttaranchal, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Orissa, and Jammu

and Kashmir. While these states have been named as Low Performing States (LPS), the remaining states have been named as High Performing States (HPS). The important features include the following:

i. The facilities in the healthcare sector under the Janani Suraksha Yojana are applicable across India. However, the states are classified into two categories: Low Performing States (LPSs) and High Performing States (HPSs). This classification is done on the basis of the institutional delivery rate.
ii. The implementation of the JSY scheme is done on the basis of the performance of the states in the health sector. The ten low-performing states are Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Orissa, and Jammu and Kashmir. Other states are classified as high-performing states.
iii. To make sure healthcare services are provided to the beneficiaries even in the areas where the required infrastructural facilities are unavailable, the scheme has tie-ups with private hospitals, nursing homes, and clinics.
iv. There is also a provision to meet administrative expenses, as 7% of funds are released to the state and a sum of 4% for the district authorities. These funds are then utilised for administrative expenses that are incurred while implementing the Janani Suraksha Yojana.
v. The beneficiaries under this scheme have to get themselves registered with the health workers at the sub-centre or Anganwadi, or primary health centres.

Tracking Each Pregnancy: Each beneficiary registered under this Yojana should have a JSY card along with an MCH card. ASHA/AWW or any other identified link worker under the overall supervision of the ANM and the MO, PHC should mandatorily prepare a micro-birth plan.

- **Benefits of Janani Suraksha Yojana**

i. Under the JSY scheme, pregnant women can avail of three antenatal checkups and free institutional delivery. The cash assistance and disbursement of enhanced benefits are linked to institutional delivery.
ii. One of the important objectives of the JSY scheme is to promote deliveries at health institutions by qualified health care professionals. Cash assistance is given at a graded scale. To promote institutional delivery, women below the poverty line get cash assistance.

iii. Incentives are also given to ASHA or equivalent workers. Several traditional birth attendants who are often known as Dai are trained under the program. Such workers are then integrated into the delivery care systems.
iv. For C-section deliveries, professional assistance is provided. In the absence of such government-employed medical specialists during the Caesarean delivery, financial assistance of up to Rs. 1,500 per pregnant woman is given to hire a private expert to perform the surgery at a healthcare institution.
v. According to the family welfare scheme, compensation is given to the beneficiary in case a Tubectomy or Laparoscopic surgery is recommended.

- **Janani Suraksha Yojana Eligibility Criteria**

For availing the benefits under this Yojana, one should fulfill the below-mentioned eligibility criteria to avail the benefits:

i. Pregnant women under the below poverty line (BPL), SC, and ST category, be it both in rural and urban areas.
ii. Only those pregnant women who are above 19 years of age can avail the benefits provided under the scheme. Women below 19 years of age cannot register under the Janani Suraksha Yojana.
iii. Women with only up to two live births are eligible under the scheme.
iv. Only those pregnant women who have registered under the JSY scheme and have delivered in government hospitals or the selected private medical centres are eligible under the scheme.

The present study was aimed at determining the impact of health programs on analyzing the level of awareness of health programs among women beneficiaries in the District Hamirpur of Himachal Pradesh

Literature Review

Sanjeev K Gupta et al in their research paper ―Impact of Janani Suraksha Yojana on Institutional Delivery Rate and Maternal Morbidity and Mortality: An Observational Study in India‖ published in 2012 It was found that all institutional births both before and after JSY was implemented; (ii) calculate the MMR; and (iii) compare variables related to maternal mortality and morbidity. Following implementation, institutional delivery overall rose by 42.6%, including those to rural, illiterate, and primary-literate people in lower socioeconomic strata. Both before and after the adoption of JSY, eclampsia, pre-eclampsia, and severe anemia were the primary causes of maternal death.

The most prevalent morbidity factor identified in this investigation was anaemia (Gupta et al. 463–71).

Vijay Kumar Singh et al in their research paper ―Study on Awareness and Knowledge regarding Janani Suraksha Yojana (JSY) among ANC Registered Women in a Primary Health Centre of Tribal Area of Thane District of Maharashtra‖, published in 2014, found that SPSS version 15 was used. A Chi-square test was used, and statistical significance was determined by p 0.05. Only 17.24 percent of the women, who made up more than half of the sample (52.7%), were able to correctly identify the name of the government program. They mostly learned this information via ANMs (58.6%), AWWs (22.4%), and ASHAs (17.2%). Women were knowledgeable about the JSY's components in roughly 54.5 percent of cases. Poor socioeconomic status, membership in a backward caste (SC/ST), and the kind of occupation-skilled or unskilled, were shown to be substantially linked with awareness of JSY. Given that our research group's awareness and understanding of JSY was lower than that of previous studies, there is a need to step up efforts to do so (Singh et.al 122-23).

Panigrahi et al in his research paper ―Awareness, Perception and Practice of Stakeholders in India Regarding Village Health and Nutrition Day‖ published in 2015 made a review explores the awareness, perception and practice of service providers, and beneficiaries, regarding VHND It was found that the study Most of the health worker females and anganwadi workers considered health awareness as a key component of VHND. 52% of HWFs and 41% of AWWs had misconceptions about additional roles and responsibilities. 34% of beneficiaries knew the fixed day approach of VHND, while 24% did not have knowledge regarding any of its purposes. Only 8% of referral cases had complete knowledge of the reason for referral. There was a significant difference between awareness and practice among the blocks. Service orientation should be improved (Panigrahi et al. 244).

Kumar et al in their research paper -Janani Suraksha Yojana: Its Utilization and Perception among Mothers and Health Care Providers in a Rural Area of North India, published in 2015, found that the focused Perception regarding the strengths and weaknesses of JSY among the health care providers was also studied. Nearly half (53.25%) of the mothers studied had institutional delivery and were eligible for the JSY benefits. Postnatal home visits by Accredited Social Health Activists were done in 48%

of home and 100% of institutional deliveries. Nearly half (48.09% approximately) of the beneficiaries benefited from the free transport facility under JSY. Although all the health care providers perceived JSY as beneficial for improving maternal health, 44% of them had the notion that cash incentives under JSY can have a negative effect on family planning practices. The utilization rate of the JSY services was found to be low in certain aspects like institutional deliveries, transport facility, etc., and there is scope for improvement (Kumar et al. 165–66).

Mukhopadhyay et al in her research paper titled ―A Study on Utilization of Janani Suraksha Yojana and its Association with Institutional Delivery in the State of West Bengal, India‖ written in 2012 stated that the utilization of cash incentives toward institutional delivery, along with other associated factors influencing institutional delivery the study had 946 women selected through stratified random sampling of sub centers from better and worse performing districts of West Bengal. It was found that Overall, 78.8% opted for institutional delivery if they had received cash, which was significantly more than those who did not (64.5%). JSY-eligible women were 1.5 times more likely to deliver in government institutions compared to JSY-non-eligible women. With no incentive, the likelihood of institutional delivery was halved (Mukhopadhyay et al. 119–120).

Chaudhary et al in their research paper ―Evaluation of Janani Shishu Suraksha Karyakram Scheme and out of Pocket Expenditure in a Rural Area of Northern India‖ published in 2017 made a review and it was found that 29 percent of births took place in private hospitals, and 17 percent of infants were ill within 30 days after delivery. 83.5 percent of participants made OOP purchases, spending a median of Rs. 1100. The most often suggested improvements were the availability of an ultrasound facility, friendly personnel, and crowd control in hospitals. Upgrading and ongoing oversight are necessary to preserve the sufficiency of services while lowering OOP costs. In order to boost the use of the JSSK scheme and improve coverage, further assessment studies must be carried out to determine the JSSK scheme's usage pattern (Chaudhary et al. 477–78).

Akshaya and Shivalli, in their research paper ―Birth Preparedness and Complication Readiness among the Women Beneficiaries of Selected Rural Primary Health Centers of Dakshina Kannada District, Karnataka‖, published in 2017, stated that many factors associated with it among the beneficiaries of two rural Primary Health Centers (PHCs) of

Dakshina Kannada district, Karnataka, India. It was found that the study of a woman who recalled at least two key danger signs in each of the three phases, i.e., pregnancy, childbirth, and postpartum, was considered knowledgeable on key danger signs. Optimal BPCR practice was defined as following at least three out of five key components of BPCR. Proportion, Odds ratio, and adjusted Odds ratio (adj OR) for optimal BPCR practice. pregnancy, childbirth, and postpartum (adj OR = 3.98; 95%CI: 1.4–11.1), preference to private health sector for antenatal care/delivery (adj OR = 2.9; 95%CI: 1.1–8.01), and woman's discussion about the BPCR with her family members (adj OR = 3.4; 95%CI: 1.1–10.4) as the significant factors associated with optimal BPCR practice (Akshaya and Shivalli 1–2).

Bhaskar et al in their research paper ―Effectiveness of Janani Suraksha Yojana (JSY) for Utilization of Reproductive and Child Health Services by Pregnant Women in India: A Systematic Review‖ published in 2020 found that the Janani Suraksha Yojna Scheme, one of the biggest Conditional Cash Transfer programmes in the world, based on the strongest data currently available. The scheme's main goal is to increase institutional delivery. The effectiveness with which the included studies were examined allowed for the integration of already available knowledge and the provision of data for informed decision-making to reduce maternal and newborn mortality (Bhaskar et al. 491–492)

Manchegowda et al in his research paper ―Coverage and Utilization of Janani Suraksha Yojana Scheme Services in Urban Poor Locality, Bengaluru‖ has described socio- socio-demographic profile of study subjects and has assessed coverage of Janani Suraksha Yojana in the study area. This is a cross-sectional study done in 8 urban poor localities of UHTC, KIMS, Bangalore. A total of 2540 women were surveyed, using probability proportional to population size, and among them, 391 were lactating women. Data was collected using a pretested semi-structured questionnaire from women, including pregnant or lactating mothers. Information was obtained regarding problems/hurdles faced by the women in accessing JSY benefits. Data was analyzed using descriptive & inferential statistics. Around 31% of women received JSY incentives. Among those who did not receive JSY incentives, 49 % of women were not aware of the reason for not getting incentives, and 39% said the fund was not released by the government. Coverage of the JSY scheme was very low in the area. A sustained and focused IEC campaign has to be conducted among the urban poor to improve awareness (Manchegowda et al. 302–05).

Mishra et al in their research paper ―Regional Inequality in the Janani Suraksha Yojana Coverage in India: A Geo-Spatial Analysis‖ published in 2021, found that National Family Health Survey data, which is a cross-sectional survey conducted in 2015–16, India. The value of spatial autocorrelation for JSY was 0.71, which depicts the high dependence of the JSY coverage over districts of India. The overall coverage of JSY in India is 36.4% and it highly varied across different regions, districts, and even socioeconomic groups. The spatial error model depicts that if in a district the women with no schooling status increase by 10% then the benefits of JSY increase by 2.3%. Similarly, if in a district the women from poor wealth quintile, it increases by 10% the benefits of JSY also increased by 4.6%. However, the coverage of JSY made greater imperative to understand it due to its clustering among districts of specific states only. It is well reflected in the EAG states in terms of spatial inequality in service coverage. There is a need to universalize the JSY program at a very individual level. And it is required to revisit the policy strategy and the implementation plans at the regional or district levels (Mishra et al. 2–3).

Research Gap Identification

Janani Suraksha Yojana was launched in April 2005 by modifying the National Maternity Benefit Scheme (NMBS). The NMBS came into effect in August 1995 as one of the components of the National Social Assistance Programme (NSAP). The scheme was transferred from the Ministry of Rural Development to the Department of Health & Family Welfare during the year 2001-02. The NMBS provides financial assistance of Rs. 500/- per birth up to two live births to pregnant women who have attained 19 years of age and belong to the below poverty line (BPL) households. When JSY was launched, the financial assistance of Rs. 500/-, which was available uniformly throughout the country to BPL pregnant women under NMBS, was replaced by a graded scale of assistance based on the categorization of States as well as whether the beneficiary was from a rural/urban area. States were classified into Low Performing States and High Performing States based on institutional delivery rate i.e., states having an institutional delivery 25% or less were termed as Low Performing States (LPS), and those having an institutional delivery rate of more than 25% were classified as High Performing States (HPS).

JSY is a safe motherhood intervention under the National Health Mission (NHM). Accredited Social Health Activist (ASHA) acts as an effective link between the government and pregnant women and is incentivized under this programme. All

BPL/Schedule Caste/Schedule Tribe (SC/ST) women delivering in a Government Health Centre, such as SC/PHC/CHC/FRU/general wards of the district or State Hospital. Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NHM). It is being implemented to reduce maternal and infant mortality by promoting institutional delivery among pregnant women. The scheme is under implementation in all states and Union Territories (UTs), with a special focus on Low Performing States (LPS).

The above reviews are taken from different studies like Maternal Health Status, Nutritional requirements, its realities during the pregnancy, Gynecological morbidities and related issues, and evaluation of Janani Suraksha Yojana by various scholars. After those reviews, it is observed that most of the research studies are conducted in the context of public health, and there is an absence of a social work aspect or highlights of beneficiaries; hence, this research tries to study the status of beneficiaries during the overall procedures of programme benefits. Many studies highlight the medical importance of such programmes and try to focus on the same. On one hand, JSY has succeeded in achieving the target of universalization of institutional deliveries, but on the other hand, there is a need to analyze the satisfaction level of beneficiaries and their perception of the multiple aspects of the scheme.

Objectives

1. To examine the origin of health programs for women beneficiaries of Janani Suraksha Yojna in District, Hamirpur of Himachal Pradesh.
2. To examine the awareness level of women beneficiaries of Janani Suraksha Yojna in District, Hamirpur of Himachal Pradesh.
3. To evaluate the level of satisfaction among women beneficiaries of Janani Suraksha Yojna in District, Hamirpur of Himachal Pradesh.
4. To identify the drawbacks in the implementation of Janani Suraksha Yojna health programs for women in District, Hamirpur of Himachal Pradesh.

Hypothesis

1. There is no significant difference between the level of awareness among women beneficiaries of Janani Suraksha Yojna in District Hamirpur of Himachal Pradesh.
2. There is no significant difference between the level of satisfaction among women beneficiaries of Janani Suraksha Yojna.

3. There is no significant difference between the drawbacks of the implementations of health programs for women in District Hamirpur of Himachal Pradesh.
4. There is no significant difference between the origin of health programs of women beneficiaries in District Hamirpur of Himachal Pradesh.

Proposed Methodology

For the proposed research proposal, the following methods of research will be followed:

Methods of Research

For the current research proposal, the survey‖ method of research under the descriptive type of research will be followed. Further, an analytical method will be utilized to collect and provide the required information with regard to Janani Suraksha Yojana as implemented in district Hamirpur of Himachal Pradesh.

Sampling

The samples for the proposed research endeavor will be collected from six health Blocks of the district Hamirpur. The size of the samples will be 100 from Block Bhoranj, 80 from Block Tauni Devi, 80 from Block Sujanpur, 80 from Nadaun, 80 from Badsar, and 80 from Block Galore, encompassing both urban and rural areas, making it a total of 500 samples.

Selection Criteria

i. Pregnant mothers.
ii. Pregnant women who utilized RCH services under the health program.
iii. Awareness of the health program scheme.
iv. Registration of pregnant women under the Scheme related Outcome.

Collection of Data

For the collection of data, a personal approach following one-to-one interaction will be followed. The persons (women beneficiaries) for collecting samples will be selected randomly based on the availability of spare time on the part of the person selected. After the random selection, the investigator will provide women beneficiaries the questionnaire to fill out so to collect the required data for the proposed research.

Statistical Technique Used

To establish the difference, the t-test will be employed, and for the relationship Pearson product-moment correlation method will be used.

Thesis Outline

The study will be divided into five chapters, which will be headed as:

Chapter 1: Introduction

This chapter will encompass the research design consisting of the problem profile, objectives of the research, research questions, research methodology, and research aim, chapterization of the entire study.

Chapter 2: Review of Literature

Deals with the literature review, women beneficiaries JSY research study. It definitely helps the researcher to imbibe his awareness and understanding of the various techniques available for conducting such an investigation and glean and compile with great effort. The review is based on various sources like journals, periodicals, unpublished theses, the internet, etc. The review also helped to develop the understanding and concept that contributed to the overall rational interpretation of data.

Chapter 3: Proposed Methodology

Discuss the study's research methodology. This chapter covers the sampling process, total sample size, data sources, methods, and tools for gathering data, as well as the processing and preliminary analysis of the data.

Chapter 4: Results and Discussion

The most important part of research is the presentation, analysis, and interpretation of data systematically and objectively. Analysis of data means studying the tabulated and classified raw material in order to determine meaningful inherent factors. Analysis and interpretation are the heart of research. Tabulated data is of no importance without its interpretation.

Chapter 5: Summary and Conclusion

Discuss the creation of Women beneficiaries JSY, their tasks, and how they operate, and the entire study concluded for further suggestions.

Chapter 6: References

The 9th edition of the MLA Handbook will be adhered to strictly for proper in-text citations and references.

References

Akshaya, Kibballi Madhukeshwar, and Siddharudha Shivalli. ―Birth Preparedness and Complication Readiness among the Women Beneficiaries of Selected Rural Primary Health Centers of Dakshina Kannada District, Karnataka, India.‖ *PLoS ONE*, vol. 12, no. 8, 2017, pp1-2.
DOI: https://doi.org/10.1371/journal.pone.0183739

Amzat, Jimoh, and Oliver Razum. ―Sociology and Health.‖ *Medical Sociology in Africa*, Feb.2014, pp. 1–19. DOI: https://doi.org/10.1007/978-3-319-03986

Bhaskar, Spriha, et al. ―Effectiveness of Janani Suraksha Yojana (JSY) for Utilization of Reproductive and Child Health Services by Pregnant Women in India: A Systematic Review.‖*European Journal of Molecular & Clinical Medicine*, vol. 7, no. 10, 2020, pp. 3491-3503.
URL:https://www.ejmcm.com/uploads/paper/f39defbc33b4e7cb817a695008d89624.pdf

Chaudhary, Sandeep, et al. ―Evaluation of Janani Shishu Suraksha Karyakram Scheme and out of Pocket Expenditure in a Rural Area of Northern India.‖ *Journal of Family Medicine and Primary Care*, vol. 6, no. 3, 2017, pp. 477–478.
DOI: https://doi.org/10.4103/2249-4863.222010

Gupta, Sanjeev K., et al. ―Impact of Janani Suraksha Yojana on Institutional Delivery Rate and Maternal Morbidity and Mortality: An Observational Study in India.‖ *Journal of Health, Population, and Nutrition*, vol. 30, no. 4, Dec. 2012, pp. 463– 64.
DOI: https://doi.org/10.3329/jhpn.v30i4.13416

Kumar, Vikas, et al. ―Janani Suraksha Yojana: Its Utilization and Perception among Mothers and Health Care Providers in a Rural Area of North India.‖ *International Journal of Medicine and Public Health*, vol. 5, no. 2, 2015, pp. 165–66.
DOI: https://doi.org/10.4103/2230-8598.153829

Lawn, Joy E., et al. ―Why Are 4 Million Newborn Babies Dying Each Year.‖ *The Lancet Journal*, vol. 364, no. 9432, 2004, pp. 399–401.
URL: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(04)16783-4/fulltext

Manchegowda, Ramya, et al. ―Coverage and Utilization of Janani Suraksha Yojana Scheme Services in Urban Poor Locality, Bengaluru.‖ *National Journal of*

Community Medicine, vol.12, no. 10, 2021, pp. 302–03. DOI: https://doi.org/10.5455/njcm.20210921090909

Mishra, Prem Shankar, et al. ―Regional Inequality in the Janani Suraksha Yojana Coverage in India: A Geo-Spatial Analysis.‖ *International Journal for Equity in Health*, vol. 20, no. 1, 2021, pp. 2-3. DOI: https://doi.org/10.1186/s12939-020-01366-2

Mukhopadhyay, Dipta K., et al. ―A Study on Utilization of Janani Suraksha Yojana and Its Association with Institutional Delivery in the State of West Bengal, India.‖ *Indian Journal of Public Health*, vol. 60, no. 2, 2016, pp. 119–20. DOI: https://doi.org/10.4103/0019- 557X.184543

Panigrahi, Sandeep K., et al. ―Awareness, Perception and Practice of Stakeholders in India Regarding Village Health and Nutrition Day.‖ *Journal of Family Medicine and Primary Care*, vol. 4, no. 2, 2015, pp. 244–45. DOI: https://doi.org/10.4103/2249-4863.154663

Parsekar, Shradha S., et al. ―Reproductive, Maternal, Newborn, Child and Adolescent Health and Related Behaviour Change Communication Strategies in Bangladesh, Nepal and India: A Narrative Review.‖ *Clinical Epidemiology and Global Health*, vol. 8, no. 1, 2020, pp. 280-281. DOI: https://doi.org/10.1016/j.cegh.2019.08014

Sen, Soumendu, et al. ―Unintended Effects of Janani Suraksha Yojana on Maternal Care in India.‖ *SSM - Population Health*, vol. 11, 2020, p. 100619. DOI: https://doi.org/10.1016/j.ssmph.2020.100619

Short, Susan E., and Stefanie Mollborn. ―Social Determinants and Health Behaviors: Conceptual Frames and Empirical Advances.‖ *Current Opinion in Psychology*, vol. 5, 2015, p. 78-84. DOI: https://doi.org/10.1016/j.copsyc.2015.05.002

Singh, Vijaykumar, et al. ―Study on Awareness and Knowledge Regarding Janani Suraksha Yojana (JSY) among ANC Registered Women in a Primary Health Centre of Tribal Area of Thane District of Maharashtra.‖ *International Journal of Research in Medical Sciences*, vol. 2, Jan. 2014, p. 122. DOI: https://doi.org/10.5455/2320-6012.ijrms20140225

CERTIFICATE

(SYNOPSIS APPROVAL CERTIFICATE)

This is to certify that the Revised Synopsis for Ph.D. Thesis titled, **"Sociological Study on Health Programmes: An Analysis of Women Beneficiaries of Janani Surksha Yojna in District Hamirpur Himachal Pradesh"**, submitted by **Mr. Amardeep Sharma** to the Career Point University, Hamirpur (H.P.), India in partial fulfillment of the requirements of the degree of **DOCTOR OF PHILOSOPHY** in the Division of Language, Journalism and Social Sciences, School of Management and Liberal Arts has been approved by the Research Advisory Committee (RAC) after an oral examination of the student on dated 17th July, 2023.

Dr Rishu Kumari
Assistant Professor
Division of Language, Journalism and Social Sciences
Career Point University, Hamirpur
(Supervisor)

Research Advisory Committee

Dr Saurabh Kumar
Associate Professor
Division of Language, Journalism
Journalism and Social Sciences
CPU, Hamirpur
(Member)

Dr Priyanka Kaushal
Assistant Professor
Division of Language,
and Social Sciences
CPU, Hamirpur
(Member)

Dr Rakesh Kumar
Assistant Professor
Division of Language, Journalism and Social Sciences
Career Point University, Hamirpur
(Member)

Dr Saurabh Kumar
(Head)
Department of Language, Journalism and Social Sciences

Dr Kuldeep Kumar
Department of Chemistry
(Dean/Assoc. Dean R & D)